

1, 2, and 3. Also complete
 ted Delivery is desired.
 and address on the reverse
 return the card to you.
 d to the back of the mailpiece,
 if space permits.

ad to:

trial Counsel
 Bd of Prison + Prob
 Box 302405
 #, AL 36130-
 2405

member
 from service label)
 11,F

7005 1820 0002 3461 4513

return receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Cornell Long*

B. Received by (Printed Name)
 CORNELL LONG

C. Date of Delivery
 5/26/06

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

MAY 26 2006
 P10 ord + per.

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes